Improving Your Clinical Practice

Family Health Center at Fort Belvoir

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Objectives

- Review Family Health Center's driving force
- Understand key steps in initiating Primary Care Improvements
- Introduce and review components of Assessing the Family Health Center
  - The Ambulatory Care Model
  - The Care Team Model
  - Staff Mix and Ratio
  - Patient Care Room Utilization

FHCFB

- Primary care initiative 1994
  - Combined PED/IM/FPC into multi-spec clinic
- RRC mandated division into 3 clinics in 1997
- COL Pilat Med Director 1997-2000
- COL Howard Medical Director 2000-present
- Creation of DPCCM summer 2002

Challenges

- Right Size
  - Empanelment
  - Support staff
  - Patient mix
- Space
- Command and Control
- Teaching mission

Challenges

- ? Utilization
  - Is it 4 per yr
- Complex scheduling
- Schedule changes
- Support staff ration
  - 2.5 per FTE or other
  - RN/LPN/MA/clerk
- Phone system

Challenges (cont)

- Clerk/MA turnover (contract)
- Space

Family Practice Clinic

FTE Calculation 1 FTE=2080 hrs

Provider	Type	Status	PROFIS	hr/yr	Ward	Sports	Call comp	GXT	Teaching	Admin	Tot Hrs
Junnila	FP	mil-MUC	yes	1440	231		26		263	24	896
Kalish	FP	GS-Students (part time)		1270	231				263	120	656
Howard	FP	mil-Dir, FHCFB	yes	1440	231	318	26	36	263	242	324
Pilat	FP	mil-PD, FP Res	no	1550	231		26		263	298	732
Kim	FP	GS-Proc/		1587	231			36	263	36	1021
Shalauta	FP	mil-Outcomes	yes	1440	231		26		263	260	660
OTHER STAFF											
Kugler	FP	mil									
Renz	FP	GS		1587						104	1483
new FP	FP	GS		0							0
Soll	GP	GS (part time)		635							635

Formulas-FP

Ward 4A	9 staff 1 week ea		**231**	**Sports**	8 hrs/wk			**318**
FP PD	Res Ed Subcom	1 hr/mo	12	**OIC FHCFB**	Res Ed Subcom	1 hr/mo	12	
	Hops Ed	1 hr q2 mo	6		ECMS/Com Med mtg	6 hr/mo	72	
	Ethics	1 hr/mo	12		Credential Com	1 hr/mo	12	
	Library Com	1hr q2 mo	6		R&A	3 hr/mo	36	
	Admin	4 hr/wk	208		Hops Ed	1 hr q2 mo	6	
	FB School	1 hr/mo	12		Admin	2 hr/wk	104	
	NCC GMEC	3.5hr/mo	42			**TOTAL**	**242**	
		TOTAL	**298**					
OIC FPC	Admin	3 1/2 d/mo	**126**	**FP GXT**	5 staff (Thurs only)			**36**
OIC Sports Clinic	Admin	1hr/mo	**12**					
				Teaching	13/wk			**263**
Undergrad Coor	Admin for Students	10hr/mo	**120**					
				Outcomes	Admin	3.5hr/wk	182	
CME Coordinator	Admin	4hr/mo	48		Diabetes CPG Champion	2.5hr/mo	30	
	Hosp Ed Comm	1hr qo mo	6		HLD CPG Champion	1 hr/mo	12	
		TOTAL	**54**		HTN CPG Champion	1 hr/mo	12	
					CDR mtg	1 hr/mo	12	
Call Comp	Ob call	1/7 Wed p	**26**		PI	1 hr/mo	12	
						TOTAL	**260**	
PI	Hospital PI	1 hr/mo	12					
	FHCFB PI Coord	3 hr/mo	36	**MUC**		2 hr/mo	**24**	
	DHCS PI Coord	2 hr/mo	24					
	Hosp RM	1 hr/mo	12	**Procedural Liason**		3 hr/mo	**36**	
	T&T	2 hr/mo	24					
		TOTAL	**108**	**Foster**	P&T	1 hr/mo	**12**	
				Nelson	Admin	2 hr/wk	**104**	

Command and Control

- DPCCM
- FP/PED/IM separate but equal
  - Command
  - Meeting
  - QI
  - Budget
  - other

Teaching

- Morning Report 0730-0800 M-Th
- ACC 1630-1700 M-Th
- Lectures 12-1300 on Tu/Th and 0730-0830 Fri
- Faculty meeting 1215-1300 2,3,4,5 Mon
- Teaching consultant am/pm M-F
- Procedural Con M-F variable 4-5/wk
- Ward attending 1-FP/PED/IM per wk

Scheduling

- Inadequate staff for separate night operations
- 5 schedulers
  - Ped, IM, FP staff, FP Res, NP/PA
- Teaching mission
- Shear numbers-50+ providers

Phone System

- Appointment area-ACD
- Voice mail for messages
- Human factor with CHCS messaging

Support Staff Ratios

- 3.5 vs 2.5/FTE
- RN/LPN/MA and receptionist?
- 40 hr vs 80 hr work week
- Low FTE’s with large number of providers

What makes us work…

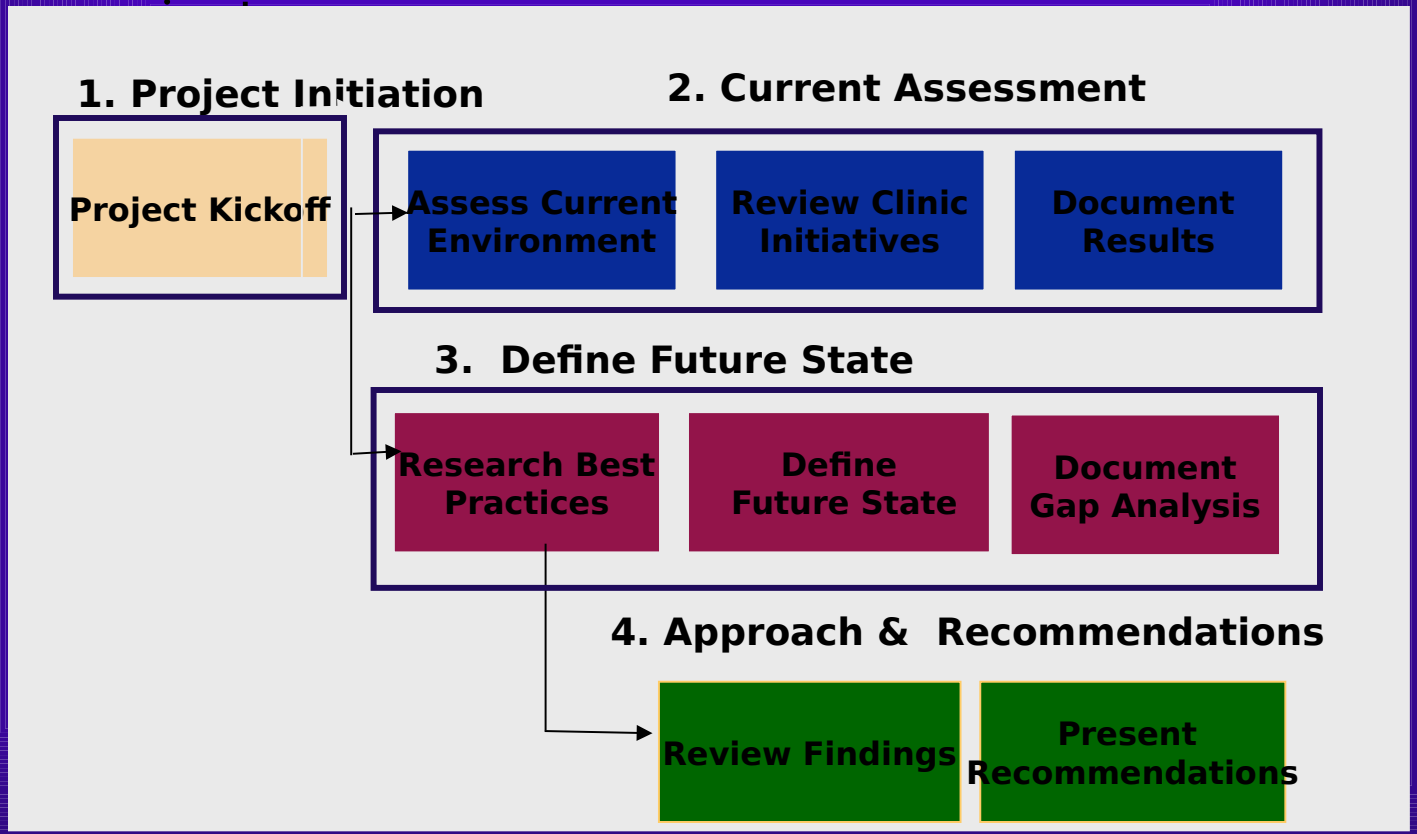
- Supportive hospital leadership
- Teamwork from top down
- Communications
  - Up, down, lateral
- Effective mid-level managers
- A common vision of what primary care should/will be in the future
  - One-stop shopping, education, …

Successes

- Dedicated staff
- Nursing education
- Outcomes initiative
- Health Care Liaison
- Empanelment & % seeing PCM

Current Assessment: Key Steps

These are the activities that were completed for this



Ambulatory Care Model

In addition to the phased optimization approach, FCG has also developed integrated process models which illustrate and define Ambulatory Operations.

Access To Care

- Provider Utilization
- Empanelment
- Enrollment
- Schedule Management
- Referral Management

Clinic Management

- Staffing Model Requirements
- Care Delivery protocols and processes
- Align Roles & Responsibilities
- Exam Room Utilization

Population Health Management

- Targeting high yield/high risk pop
- Framework for Disease Mgt
- Evidence Based Medicine
- Measurement of Health Outcomes
- Redesign of the episode of care

Resource Management

- **Equipment**
- **Manpower**
- **Money**
- **Supplies**

Care Team Model - Concept

First Consulting Group designed an Ambulatory Care Team Model that incorporates roles and responsibilities, process flows, exam room utilization and population health management (condition clinics).

A high-level review and evaluation of roles and responsibilities and processes supporting the Care Team Model is conducted to identify opportunities for improvement in operational performance and program management relating to clinic management.

This model is applied to current operations to uncover the key areas of opportunity for improvement, with a given process. The application of this model sets the foundation for reengineering efforts within the clinic and implementation efforts going forward.

Care Team Model Overview

Roles and Responsibilities

Team MA

- Prep patient
- Vitals
- Prepare medication refill/ renewal list
- EKG, 24-hour BP
- Standby
- Scope cleaning
- Room turnover
- Dispose of contaminated supplies

Intake Coordinator

- Complete initial intake
- Complete PPIP
- Identifies and/or schedules wellness appointments in accordance with defined TRICARE guidelines (I.e., Pap needed 6/5, Flex sig. Req'd ASAP, etc.)

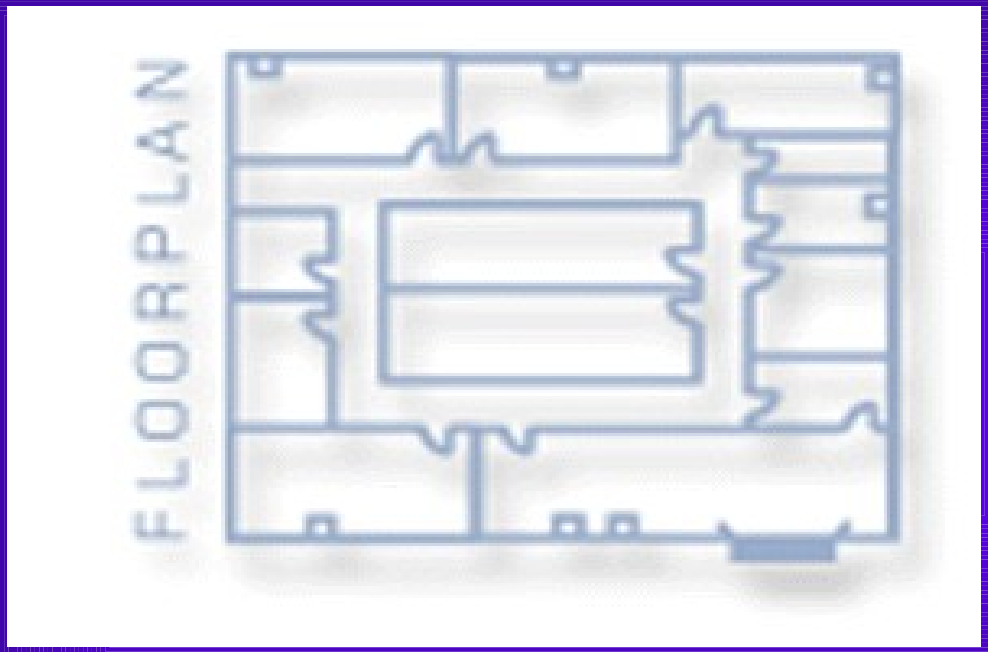
Care Delivery

- Review assessment/MR
- Recap reason for visit
- Examine patient
- Diagnose illness
- Document care at time of service (electronically)
- Prescribe orders at time of service
- Complete and enter medication renewals (narcotics)
- Develop treatment protocols
- Complete administrative responsibilities (letters to patients, forms for home health, workman compensation, school, etc.)
- Preceptor

Treatment/Discharge RN/LPN

- Patient Education
- IV Therapy
- Suture Removal, Dressing Change, Wound Check, Procedures, Injections
- Promote and facilitate position as provider extender
- Schedule follow-up appointments, referrals, ancillaries
- Distribute patient medical supplies
- Document care
- Develops/implements/ monitors methods to measure

Patient Care Room Utilizatio



- Review current patient care room utilization and future patient care room utilization against resources and scheduling management

Performance Improvement through Process Change: Example

Process Changes

Initial Status

- Support Staff per PCM
- Number of patient care rooms per PCM varies by day
- Inefficient use of provider and support staff skills

Re-align staff roles and responsibilities and design care team staffing model

Proactively manage consult clinics and provider administration time for efficient space utilization

Implement care delivery process flow changes:

- All care provided in the patient care room
- Patient intake/screening protocols
- Standardize patient care room set-up

Impact

- Support Staff per PCM
- 3 patient care rooms per provider
- Beneficiary satisfaction
- Staff Satisfaction
- Skill and care delivery

Next Steps

Pilot & Implementation

Questions & Answers